

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Reg. Dist. No.

01757

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY		176-3 Calvert MARYLAND		2. USUAL RESIDENCE [Where deceased lived. If institutional, residence before admission] b. STATE		Md b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN b None		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		Colvin & Harry House		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First	Middle	Dicknell		Lost	4. DATE OF DEATH Month Day Year
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (in years at time of death) yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
M	W	WIDOWED <input checked="" type="checkbox"/>	12/23/80	77		10 10 19 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? Died 10/12/80	
Musician		Funeral Director		Va			
13. FATHER'S NAME		Homer Dicknell		14. MOTHER'S MAIDEN NAME		Emma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
m		None					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bramine poison</u> 3 days 422.1 DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (b) <u>Cards Vascula Vision</u>							
DUE TO (c) <u>Age</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) It had been sick for several years							
20e. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Part II of item 18.]		20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)					
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE H.W. Ward		M.D. CHIEF MEDICAL EXAMINER		ASSISTANT MEDICAL EXAMINER		DEPUTY MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Dwight M. Ward							
22a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		22b. DATE THEREOF 2-13-58		22c. NAME OF CEMETERY OR CREMATORIAL Brown's Chapel Com.		22d. LOCATION (City, town, or county) Colvin Run VA.	
23. FUNERAL DIRECTOR'S SIGNATURE Hunt Funeral Home		ADDRESS Warrior, Md.		24a. REC'D. BY REGISTRAR FEB 13 '58 DATE		24b. REGISTRAR'S SIGNATURE Allie L. Lewis	

WORLD WAR II STATE DOCUMENTS OF THE UNITED STATES GOVERNMENT

BUREAU V. 2

FEB 12 1953

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01758

Reg. Dist. No

1. PLACE OF DEATH a. COUNTY Calvert			MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Calvert					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Owings						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/9/58		9. AGE (In years lost birthday) yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
Female	Negro					Months	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Langston Brooks			14. MOTHER'S MAIDEN NAME Corrine Thomas							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mother		Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 776x DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. (b) Premature 6 months DUE TO (c) wt. 5 lbs										INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 20c. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) ADDRESS (Street, city or town, state)	(County)	(State)				
21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____ M, from the causes and on the date stated above.							DATE SIGNED			
ACTUAL SIGNATURE H W Ward	M.D.									
PHYSICIAN'S NAME (Type) Dr. Hugh W. Ward, Owings, Md.										
22a. BURIAL/CREMATION/REMOVAL (Specify) 2-13-58	22b. DATE THEREOF 2-13-58	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Hope	22d. LOCATION (City, town, or county) Sandlawn			(State) MD				
23. FUNERAL DIRECTOR'S SIGNATURE P. J. Sewell Prince Frederick Md.		ADDRESS	24a. REG'D. BY REGISTRAR FEB 13 1958 DATE		24b. REGISTRAR'S SIGNATURE John E. Schuck					

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VS A15 (4)
15M 9/55

BUREAU A.G.

EB 18 1958.

REVIEWS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1765 CERTIFICATE OF DEATH

01759

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>maryland</i>		b. COUNTY <i>Calvert</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Sunderland</i>		c. LENGTH OF STAY IN lb <i>Sunderland</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Sunderland</i>		d. STREET ADDRESS <i></i>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i></i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>Nathaniel</i>		First	Middle	Last	4. DATE OF DEATH <i>Brooks</i>	Month	Day	Year
5. SEX <i>Male C</i>		6. COLOR OR RACE <i></i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 10 1958</i>		9. AGE (In years last birthday) 1 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Huntington</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (State or foreign country) <i>maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Worsey Brooks</i>		14. MOTHER'S MAIDEN NAME <i>Atlade Jones</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i></i>		16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT <i></i>		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>						INTERVAL BETWEEN ONSET AND DEATH		
<i>493X</i>		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b)						
		DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White Nat while at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i></i>		20f. (City or town) <i></i>		(County) (State)
21. I certify that I attended the deceased from <i>1 Feb</i> , 1958, to <i>12 Feb</i> , 1958, that I last saw the deceased alive on <i>10 Feb</i> , 1958, and that death occurred at <i>3P</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>D. Weems</i>								ADDRESS (Street, city or town, state) <i>Huntington Rd</i>
PHYSICIAN'S NAME (Type)								DATE SIGNED <i>13 Feb 58</i>
22a. (BURIAL) CREMATION, REMOVAL (Specify) <i>2-14, 58</i>		22b. DATE THEREOF <i>2-14, 58</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>St Edmonds</i>		22d. LOCATION (City, town, or county) <i>Calvert, Md</i>		(State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell, Prince Fred, Md</i>		ADDRESS <i></i>		24a. REC'D BY REGISTRAR <i>FEB 18 '58</i>		24b. REGISTRAR'S SIGNATURE <i>O. J. ...</i>		(State)

CERTIFICATE OF DEATH

BUREAU U. S.

FEB 18 1958

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1766 CERTIFICATE OF DEATH

Reg. Dist. No.

01760

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md</i>		b. COUNTY <i>Calvert</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Sunderland</i>		c. LENGTH OF STAY IN 1b <i>1 yr</i>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Sunderland</i>		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print)	First <i>Elrodore</i>	Middle <i></i>	4. DATE OF DEATH Year <i>Feb 9 1958</i>	Month <i>Feb</i>	Day <i>9</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>10 Dec 1956</i>	9. AGE (In years lost birthday) yrs. <i>1</i>	IF UNDER 1 YEAR Months <i></i>	IF UNDER 24 HRS. Days <i></i>	Hours <i></i>	Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>				
13. FATHER'S NAME <i>Dorsey Brooks</i>		14. MOTHER'S MAIDEN NAME <i>Adelaide Jones</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT <i>D Brooks Sunderland</i>	Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>493X</i>		<i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i></i>		DUE TO						
(c) <i></i>		DUE TO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>none</i>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <i></i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) <i></i>						
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i></i>	20f. (City or town) <i></i>	(County)	(State)		
21. I certify that I attended the deceased from <i>17 Feb</i> , 1958, to <i>9 Feb</i> , 1958, that I last saw the deceased alive on <i>7 Feb</i> , 1958, and that death occurred at <i>539</i> M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>Gleaves</i>		ADDRESS (Street, city or town, state) <i>Huntingtown, Md</i>		DATE SIGNED				
PHYSICIAN'S NAME (Type)		M.D.						
22a. (BURIAL) CREMATION, REMOVAL (Specify) <i></i>	22b. DATE THEREOF <i>9-10-58</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>St. Edmonds</i>		22d. LOCATION (City, town, or county) <i>Calvert, Md</i>		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE <i>P.E. Sewell. Prince French</i>		ADDRESS		24a. REC'D BY REGISTRAR DATE <i>FEB 11 '58</i>		24b. REGISTRAR'S SIGNATURE <i>Mr. Neuber</i>		

DEPARTMENT OF STATE - WASHINGTON, D. C.

CERTIFICATE OF DEATH

BUREAU V. S.

13 11 1968

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1767 CERTIFICATE OF DEATH

Reg. Dist. No.

01761

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>maryland</i>		b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Port Republic</i>		c. LENGTH OF STAY IN 1b 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Port Republic</i>		d. STREET ADDRESS 1	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First <i>Mary</i>	Middle <i>F.</i>	Last <i>Commodore</i>	4. DATE OF DEATH 2 - 14 - 1958	Month 2	Day 14	Year 1958
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 26,</i>	9. AGE (In years lost birthday) <i>57 yrs.</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13. FATHER'S NAME <i>William H. Commodore</i>	14. MOTHER'S MAIDEN NAME <i>Susie Boom</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Nettie Commodore Port Republic</i>	Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>443X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) DUE TO <i>Heart failure</i> <i>Hypertrophic heart</i> <i>Hypertension c.c.d</i>	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)

21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____ P.M., from the causes and on the date stated above.		ADDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE <i>R. E. Carrera</i>	R. E. Carrera, M.D.		<i>3/15/58</i>
PHYSICIAN'S NAME (Type)			

22a. BURIAL / CREMATION, REMOVAL (Specify) <i>9-20-58</i>	22b. DATE THEREOF <i>9-20-58</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Browns</i>	22d. LOCATION (City, town, or county) (State) <i>Port Republic, Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>D. E. Sewell, Prince Frederick,</i>	ADDRESS	24a. REC'D. BY REGISTRAR FEB 26 '58	24b. REGISTRAR'S SIGNATURE <i>Alfred</i>

WISCONSIN STATE BUREAU OF INVESTIGATION
CERTIFICATE OF DEATH

BUREAU V. S.
RECEIVED
FEB 26 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1768

CERTIFICATE OF DEATH

Reg. Dist. No.

01762

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN lb 2 days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Barstow			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS —		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First James	Middle Gill	Last Denton	4. DATE OF DEATH February 26	Month February	Day 26	Year 1958
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH January 23, 1894	9. AGE (In years lost birthday) 61 yrs.	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 1	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (OWNER)		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James H. Denton			14. MOTHER'S MAIDEN NAME Louisa E. Wood				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-36-5611		17. INFORMANT Nettie M. Denton, Barstow, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] CORONARY THROMBOSIS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)							
INTERVAL BETWEEN ONSET AND DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	Day Not white of work <input type="checkbox"/>	20d. INJURY OCCURRED White of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 54 Leonard	20f. (City or town) Barstow	(County) Calvert	(State) Md.
21. I certify that I attended the deceased from 2-26, 1958 , to 2-27, 1958 , that I last saw the deceased alive on 2-27, 1958 , and that death occurred at 11 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) 54 Leonard DATE SIGNED 2/27/58							
ACTUAL SIGNATURE R. W. Denton PHYSICIAN'S NAME (Type) Robert W. Denton							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 2, 1958		22c. NAME OF CEMETERY OR CREMATORIAL Central Cemetery		22d. LOCATION (City, town, or county) Barstow - Calvert - Md	
23. FUNERAL DIRECTOR'S SIGNATURE O. A. Harkness & Son - Mutual, Md		ADDRESS —		24a. REC'D BY REGISTRAR DATE MAR 3 '58		24b. REGISTRAR'S SIGNATURE —	

EDWARD W. S.

CCFT

11 A.M. 1967

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1769

CERTIFICATE OF DEATH

Reg. Dist. No.

01763

1. PLACE OF DEATH a. COUNTY Galvert		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		b. COUNTY Calvert	
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Florence Bowen Hutchins	Middle	Last
4. DATE OF DEATH	Month February	Day 26	Year 58 19
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1888
10a. US/JAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
10c. BIRTHPLACE (State or foreign country) Maryland		12 CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wesley Bowen		14. MOTHER'S MAIDEN NAME Sue Lee Ward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 78	
17. INFORMANT Helen Williams, Prince Frederick, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 153.2 DUE TO Carcinomatous		INTERVAL BETWEEN ONSET AND DEATH 10 months	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Co of descending colon (c) Cancer of liver			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Co of descending Colon			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 6/26/58 to 2/26/58 that I last saw the deceased alive on 2/26/58, and that death occurred at 10:15 A.M., from the causes and on the date stated above. ACTUAL SIGNATURE Roberto de Vilcarreal M.D. ADDRESS (Street, city or town, state) 57 Leonard, Md. DATE SIGNED 2/26/58			
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/1/58	
22c. NAME OF CEMETERY OR CREMATORIUM Central Cemetery		22d. LOCATION (City, town, or county) Baltimore, Md. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE G. A. Harkness & Son - Mutual, Md.		ADDRESS	
24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE	
DATE MAR 3 1958		Signature	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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בְּנֵי יִשְׂרָאֵל

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1770

CERTIFICATE OF DEATH

01764

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Owings</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Owings Md</i>		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Owings</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert & Hospital</i>		d. STREET ADDRESS <i>Md</i>	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First <i>Mary J.</i>	Middle <i>Guthrie</i>	4. DATE OF DEATH Month <i>2</i> Day <i>13</i> Year <i>1958</i>
5. SEX <i>F</i>	6. COLOR OR RACE WIDOWED <input checked="" type="checkbox"/>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4/11/68</i>
9. AGE (in years at birthday) yrs. <i>2</i>	10. OCCUPATION (Give kind of work done during past of working life, even if retired) <i>Housewife</i>	11. KIND OF BUSINESS OR INDUSTRY <i>None</i>	12. BIRTHPLACE (State or foreign country) <i>Md</i>
13. FATHER'S NAME <i>Webster Welt</i>	14. MOTHER'S MAIDEN NAME <i>Mary J. Phummer</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Winfred Hutchins, Owings Md</i>	Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro-Vascular Renal Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. <i>Age</i>			
(b)			
DUE TO (c)			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Has had sayings of left leg for 5 yrs</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in Part I or Part II of item 18.) <i>tram the causes and on the date stated above.</i>		
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i>Owings</i> (County) <i>Md</i> (State) <i>Md</i>
21. I certify that I attended the deceased from <i>1/12</i> , 19 <i>58</i> , to <i>2/13/58</i> , that I last saw the deceased alive on <i>1/12</i> , 19 <i>58</i> , and that death occurred at <i>Owings</i> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Owings Md</i>			
ACTUAL SIGNATURE <i>H. W. Ward</i>	M.D.	DATE SIGNED <i>2/13/58</i>	
PHYSICIAN'S NAME (Type) <i>H. W. Ward, Owings, Maryland</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>2-16-58</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Friendship</i>	22d. LOCATION (City, town, or county) <i>Friendship Md</i> (State) <i>Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Hutchins</i>	ADDRESS <i>Owings Md</i>	24a. REC'D BY REGISTRAR DATE <i>2-17-58</i>	24b. REGISTRAR'S SIGNATURE <i>W. H. Hutchins</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the medical director, Page 3 should be detached for use as the burial-transit permit. Then please return carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUNNELL V. S.



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01765

CERTIFICATE OF DEATH

1771

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY <i>Baltimore</i>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md.</i>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Baltimore</i>		MARYLAND LENGTH OF STAY (In this place) <i>1 month</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Towson Md</i>		COUNTY <i>Baltimore</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Baltimore Nursing Home</i>				STREET ADDRESS <i>14 Highland Place</i>			
3. NAME OF DECEASED (Type or Print) <i>SUSAN DICKSON KING</i>				4. DATE (Month) (Day) (Year) OF DEATH <i>Sept 27 1958</i>			
5. SEX <i>f</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Nov 28 Aug 28 1877</i>	9. AGE at birthday <i>80 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>dw.</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>dw.</i>	11. BIRTHPLACE (State or foreign country) <i>Toronto Can.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13. FATHER'S NAME <i>Andrew Elias Dickson</i>				14. MOTHER'S MAIDEN NAME <i>Rees Lee</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>				16. SOCIAL SECURITY NO. <i>123-56-7890</i>			
17. INFORMANT & ADDRESS <i>P. B. E. T. King, Miller Nod</i>							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) <i>Obstetrics</i> ANTECEDENT CAUSE(S) DUE TO (B) <i>Obstetrics</i> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <i>Obstetrics</i> STATING UNDERLYING CAUSE LAST. <i>Obstetrics</i> 10 years.							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <i>Dec 1956</i>		19b. MAJOR FINDINGS OF OPERATION <i>extensive large hemorrhage</i>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.) <i>Cedar Hill</i>		21c. WHERE DID INJURY OCCUR? (City or town) <i>Baltimore</i>		(County) <i>Baltimore</i>	(State) <i>Md.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept 27 1958</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 27 1958</i> to <i>Sept 27 1958</i> , that I last saw the deceased alive on <i>Sept 27 1958</i> , and that death occurred at <i>11 AM</i> , from the causes and on the date stated above. SIGNATURE <i>George J. Jett</i> ADDRESS (Street, city, town, state). <i>14 Highland Place Baltimore Md.</i> DATE SIGNED <i>Sept 27 1958</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Grand 1-58</i>		NAME OF CEMETERY OR CREMATORIAL <i>Cedar Hill</i>		LOCATION (City, town, or county) <i>Baltimore Md.</i>	
24. REC'D BY REGISTRAR <i>vs</i>		REGISTRAR'S SIGNATURE <i>vs</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>James E. Ross</i>		ADDRESS <i>1661-9th Street, N.W. Washington, D.C.</i>	
DATE <i>Sept 27 1958</i>							

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FBI - BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1772 CERTIFICATE OF DEATH

Reg. Dist. No.

01766

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE Maryland		b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Calvert Co. Hospital		c. LENGTH OF STAY IN 1b 6 days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince Frederick		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Sarah O. Lyons	Middle	Last	4. DATE OF DEATH Feb. 5	Month	Day	Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH Dec. 23, 1878	9. AGE (in years last birthday) 79 yrs.	IF UNDER 1 YEAR x Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Calvert Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME James Cox		14. MOTHER'S MAIDEN NAME Mary Ellen Gibson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT James R. Lyons, 5222 Cromarty Rd., Balto. 29, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		<i>Arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Huntingtown		(County) Huntingtown (State) Md.	
21. I certify that I attended the deceased from 1 Feb , 1958, to 5 Feb , 1958, that I last saw the deceased alive on 5 Feb , 1958, and that death occurred at Huntingtown , Md., from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Huntingtown, Md. DATE SIGNED	
ACTUAL SIGNATURE <i>Geo. J. Weems</i>							
PHYSICIAN'S NAME (Type) Geo. J. Weems							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 8, 1958		22c. NAME OF CEMETERY OR CREMATORIUM Miranda Cemetery		22d. LOCATION (City, town, or county) Huntingtown (State) Md.	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. A. Hardness Son Mutual Md.</i>		ADDRESS		24a. REC'D BY REGISTRAR DATE FEB 10 '58		24b. REGISTRAR'S SIGNATURE <i>John L. Lewis</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use of the burial-transit permit. Then please remove ribbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in one envelope within 72 hours after death.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this bottom copy has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 IOM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**CERTIFICATE OF DEATH**

01767

Reg. Dist. No.....

1773

1. PLACE OF DEATH COUNTY <i>Salisbury</i> CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Rural</i> TOWN <i>None given</i>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MD</i> CITY (If outside corporate limits, write RURAL and give nearest town) <i>Jewell</i> TOWN <i>None</i> STREET ADDRESS <i>None</i>			
3. NAME OF DECEASED (Type or Print) <i>John McFale</i> (First) <i>John</i> (Middle) <i></i> (Last) <i>McFale</i>				4. DATE (Month) (Day) (Year) OF DEATH <i>2 2 1958</i>			
5. SEX <i>M</i>	6. COLOR OF RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>W</i>	8. DATE OF BIRTH <i>12/18/70</i>	9. AGE last birthday <i>87</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS Days <i>0</i>	IF UNDER 24 HRS Hours <i>0</i>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John McFale</i>		14. MOTHER'S MAIDEN NAME <i>Mary Mannon</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		19. INFORMANT & ADDRESS <i>John E. McFale, Jewell Md</i>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IMMEDIATE CAUSE <i>Congestive heart failure</i> ANTECEDENT CAUSE(S) DUE TO <i>High blood pressure</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE <i>None</i> STATING UNDERLYING CAUSE LAST. DUE TO <i>None</i>		<i>(A)</i> <i>(B)</i> <i>(C)</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i>	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>None</i>							
22. DATE OF OPERATION		23. MAJOR FINDINGS OF OPERATION					
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) <i>None</i>		25. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>None</i>		26. WHERE DID INJURY OCCUR? (City or town) <i>None</i>		(County) <i>None</i> (State) <i>None</i>	
27. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>		28. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		29. HOW DID INJURY OCCUR? <i>None</i>			
22. I hereby certify that I attended the deceased from <i>1/20/58</i>, 19<i>58</i>, to <i>1/22/58</i>, 19<i>58</i>, that I last saw the deceased alive on <i>1/21/58</i>, 19<i>58</i>, and that death occurred at <i>1022 P.M.</i>, from the causes and on the date stated above. SIGNATURE <i>A. W. Ward</i> ADDRESS <i>1022 P.M. Owings Mill</i> DATE SIGNED <i>2/3/58</i>							
30. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>None</i>		DATE THEREOF <i>2-5-58</i>		NAME OF CEMETERY OR CREMATORIAL <i>Bethel Hill</i>		LOCATION (City, town, or county) <i>Bethel Hill</i> (State) <i>None</i>	
31. REC'D BY REGISTRAR <i>None</i>		REGISTRAR'S SIGNATURE <i>None</i>		32. FUNERAL DIRECTOR'S SIGNATURE <i>None</i>		ADDRESS <i>None</i>	
DATE <i>FEB 5 '58</i>							

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1774

CERTIFICATE OF DEATH

Reg. Dist. No. 01768

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland		b. COUNTY Calvert		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b 1 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lower Marlboro		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) WILLIAM		First L.	Middle OSBOURNE	4. DATE OF DEATH February 23	Month Day	Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26, 1887	9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Richard Osbourne				14. MOTHER'S MAIDEN NAME Elizabeth Younger				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-14-1785		17. INFORMANT Mrs. William Osbourne, xx		Address Huntingtown, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) +9dx Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (c)		<i>Urns pneumonia</i>		<i>Cardiac failure</i>		INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from 2/22 , 19 58 , to 2/23 , 19 58 , that I last saw the deceased alive on 3/2/58 , 19 58 , and that death occurred at 10 AM , from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Owings		
ACTUAL SIGNATURE H. W. Ward						DATE SIGNED 2/24/58		
PHYSICIAN'S NAME (Type) H. W. Ward, Owings, Maryland								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 25, 1958		22c. NAME OF CEMETERY OR CREMATORIUM Lower Marlboro Cemetery		22d. LOCATION (City, town, or county) (State) Lower Marlboro, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE J. H. Hiltz		ADDRESS Owings, Md.		24a. REC'D BY REGISTRAR FEB 27 '58		24b. REGISTRAR'S SIGNATURE W. E. Johnson		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page may be retained by hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trust permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ERLAU V. S

FEB



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

**FOR STATE
HEALTH DEPT.**

Items 18-21 Film 220-3-6-30

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 01769

1775

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Maryland b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owens d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Calvert County Hosp.				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HELEN		First	Middle	Last	4. DATE OF DEATH February 20, 1958
5. SEX Female		6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/12/36	9. AGE (In years last birthday) 72 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) U.S.	
13. FATHER'S NAME Jack Johnson		14. MOTHER'S MAIDEN NAME Hattie Johnson		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 9325		16. SOCIAL SECURITY NO. Exposure		17. INFORMANT James A. Wills-Owens	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 9325		(b)			
DUE TO					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Exposure		(c)			
DUE TO					
DUE TO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) Exposure to cold		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 2/20/58		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street	
(County) Calvert				(State) Maryland	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE William V. Lovitt		M.D.		DATE SIGNED 2/20/58	
EXAMINER'S NAME (Type) William V. Lovitt, Jr., M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			
22a. BURIAL/CREMATION/REMOVAL (Specify) 2/23/58		22b. DATE THEREOF 2/23/58		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Hope	
22d. LOCATION (City, town, or county) Sunderland, MD				(State)	
23. FUNERAL DIRECTOR'S SIGNATURE P.C. Sewell, P.F. Frederick, M.D.		ADDRESS		24a. REC'D BY REGISTRAR FEB 26 '58	
				24b. REGISTRAR'S SIGNATURE W. Lovitt	
VS. ATSM 5M 2/57					

W.M.E.H.A.Y. S.

1958



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1776 CERTIFICATE OF DEATH

Reg. Dist. No. 01776

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Maryland		b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dunkirk			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First George	Middle Francis	Last Smith	4. DATE OF DEATH	Month Feb.	Day 22	Year 1958
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 9, 1898	9. AGE (In years last birthday) 59 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service Inspector		10b. KIND OF BUSINESS OR INDUSTRY Government		11. BIRTHPLACE (State or foreign country) Washington County, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James B. Smith			14. MOTHER'S MAIDEN NAME Nellie K. Bell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO W.W. 1&2		17. INFORMANT Mrs. Edwin Ward		Address Dunkirk, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart disease DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) arteriosclerosis DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 5 May, 1956 , to 22 Feb., 1958 , that I last saw the deceased alive on 22 Feb., 1958 , and that death occurred at 2 p. m. , from the causes and on the date stated above. ACTUAL SIGNATURE G. J. Weems ADDRESS (Street, city or town, state) Huntingtown, Md. DATE SIGNED 23 Feb. 58							
NAME (Type)		G. J. Weems, Huntingtown, Maryland					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Feb 25, 1958	22c. NAME OF CEMETERY OR CREMATORIAL Paul Luthman & Reform		22d. LOCATION (City, town or county) Hagerstown (State) Md.			
23. FUNERAL DIRECTOR'S SIGNATURE H. Hutchins		ADDRESS Owings Md.		24a. REC'D BY REGISTRAR DATE Feb 25 '58		24b. REGISTRAR'S SIGNATURE John E. Weems	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, removal, or cremation, or in any event within 72 hours after death.

VS A15 (4)
15M 9/55

BULWAN V. E

11/11/03
11/11/03
11/11/03

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

**FOR STATE
HEALTH DEPT.**

Reg. Dist. No. 01771

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any day is Saturday, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PA3. Page 5 may be retained by the State Board of Health.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 24 hours after death.

1. PLACE OF DEATH a. COUNTY Calvert		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b Prince Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Calvert County Hospital		e. STREET ADDRESS Prince Frederick	
3. NAME OF DECEASED (Type or print) MARY LOUISE		First SMITH	Middle Last 4. DATE OF DEATH February 2 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 31, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Norfolk		14. MOTHER'S MAIDEN NAME Mary King	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (For, no, or unknown) No		16. SOCIAL SECURITY NO. P	
17. INFORMANT Denton Smith - Prince Frederick, Md		Address INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fatty Liver			
581.0 DUE TO Conditions, if any, which gave rise to immediate cause (b) _____ (a), <u>storing the underlying</u> cause lost. DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <i>Paul F. Guerin, M.D.</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
DATE SIGNED 2/3/58			
22a. BURIAL CREMATION REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 6, 1958	
22c. NAME OF CEMETERY OR CREMATORIUM Miranda Cemetery		22d. LOCATION (City, town, or county) Huntingtown, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE A. A. Hackness & Son - Mutual, Md.		24a. REC'D BY REGISTRAR Feb. 6 '58	
ADDRESS 101 E. 7th Street		24b. REGISTRAR'S SIGNATURE John J. Guerin	

BUREAU M

EEB 6 1958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1778

CERTIFICATE OF DEATH

Reg. Dist. No. 01772

1. PLACE OF DEATH o. COUNTY Calvert MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b 2 days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings, Maryland	
3. NAME OF DECEASED (Type or print) First William Middle Edward Last Weant		4. DATE OF DEATH February 21	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH July 21, 1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	
11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William B. Weant		14. MOTHER'S MAIDEN NAME Sarah Sowers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 216-22-3484	
17. INFORMANT Mrs. William E. Weant, Owings, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 days	
Hypertension and diabetes		?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Was confined on bed		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Feb. 19, 1958, to Feb. 21, 1958, that I last saw the deceased alive on Feb. 19, 1958, and that death occurred at 9:30 A.M. from the causes and on the date stated above. ACTUAL SIGNATURE H. W. Ward M.D.		ADDRESS (Street, city or town, state) Owings Md 212258 DATE SIGNED 2/22/58	
22a. BURIAL, CREMAT. ON, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 23, 1958	
22c. NAME OF CEMETERY OR CREMATORIUM Smithville Cemetery		22d. LOCATION (City, town, or county) (State) Dunkirk, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE H. W. Ward		24a. REC'D BY REGISTRAR ADDRESS Owings Md DATE FEB 25 1958	
24b. REGISTRAR'S SIGNATURE D. E. Ward			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 2 hours after death.

BEST W. S.

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1779 CERTIFICATE OF DEATH

Reg. Dist. No.

01773

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be retained with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MARYLAND</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Princetown</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Maryland</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>County Hosp.</i>		e. STREET ADDRESS <i>Adelina, md</i>	
3. NAME OF DECEASED (Type or print) <i>Florence</i>		First <i>S.</i>	Middle <i>White</i>
4. DATE OF DEATH Month <i>2</i>	Day <i>6</i>	Year <i>1958</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 10,</i>
9. AGE (In years last birthday) <i>66 yrs.</i>	10. IF UNDER 1 YEAR Months <i>6</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>John Willett.</i>	14. MOTHER'S MAIDEN NAME <i>margaret. Dorsey</i>	Address <i>Selma White Adelina, md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malignant</i>			
DUE TO <i>450.0</i>			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Generalized arterioclerosis</i>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Very large fibroid of uterus.</i>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>-</i>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>-</i>	20f. (City or town) (County) (State)
19			
21. I certify that I attended the deceased from <i>Feb 2</i> , 19 <i>58</i> , to <i>Feb 6</i> , 19 <i>58</i> , that I last saw the deceased alive on <i>Feb 6</i> , 19 <i>58</i> , and that death occurred at <i>M</i> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>St Lemer</i>			
ACTUAL SIGNATURE <i>P. Villareal</i>	M.D.	DATE SIGNED <i>Feb 7 1958</i>	
PHYSICIAN'S NAME (Type) <i>R. DE VILLAREAL</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>2-9-58</i>	22b. DATE THEREOF <i>2-9-58</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Carroll's</i>	22d. LOCATION (City, town, or county) (State) <i>Barstow, md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell</i>	ADDRESS <i>Prince Fred, md</i>	24a. REC'D BY REGISTRAR <i>Feb 7 1958</i>	24b. REGISTRAR'S SIGNATURE <i>Albert</i>

CERTIFICATE OF DEATH

BUREAU V. S.

FEB 11 1969

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1780 CERTIFICATE OF DEATH

Reg. Dist. No. 01774

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Maryland		b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b 15 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Solomons Island Maryland			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert Co., Hospital		d. STREET ADDRESS /		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) CALVIN Lepoy	First	Middle	Last	4. DATE OF DEATH Woodburn	Month 2	Day 8	Year 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	B. DATE OF BIRTH AUG. 3, 1909	9. AGE (In years last birthday) 48 yrs.	IF UNDER 1 YEAR Months 48	IF UNDER 24 HRS. Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab. Foreman		10b. KIND OF BUSINESS OR INDUSTRY Foreman		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Harry Woodburn		14. MOTHER'S MAIDEN NAME Mamie Files					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-12-7079		17. INFORMANT Brother - Preston Woodburn		Address Solomons Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 581.1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. Cirrhosis of Liver		DUE TO Alcoholism				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cardio renal Disease						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Doy	20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Solomons, Md.	(County)	(State)
21. I certify that I attended the deceased from Jan. 25, 1958 , to Feb. 8, 1958 , that I last saw the deceased alive on Feb. 7, 1958 , and that death occurred at 11:30 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Solomons, Md. DATE SIGNED 2/9/58							
ACTUAL SIGNATURE <i>John C.K. Yu</i>		PHYSICIAN'S NAME (Type) John C.K. Yu, M.D.					
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF FEB. 10, 1958	22c. NAME OF CEMETERY OR CREMATORIAL SOLOMONS METHODIST CEM. CALVERT CO. MD.	22d. LOCATION (City, town, or county) CALVERT CO. MD.	(State)			
23. FUNERAL DIRECTOR'S SIGNATURE O.A. Harkness & Son - Mutual, Md.	ADDRESS 100 W. Main St., Solomons, Md.	24a. REC'D BY REGISTRAR REC'D FEB. 13 '58	24b. REGISTRAR'S SIGNATURE John C.K. Yu				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF STATE - BUREAU OF INTELLIGENCE

CERTIFICATE OF DEATH

BUREAU V.

EEB - 3 1958

RECEIVED